Case:19-90053-jtg Doc #:1 Filed: 03/18/19 Page 1 of 64

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF MICHIGAN | <u> </u> | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: Identify Yourself | | | |
|---|---|--|--|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | | | |
| Write the name that is on | Michael | | Jennifer |
| your government-issued | First name | | First name |
| example, your driver's | William | | Jean |
| license or passport). | Middle name | | Middle name |
| Bring your picture | Smith | | Smith |
| meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| All other names you have used in the last 8 years | | | |
| Include your married or maiden names. | | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1228 | | xxx-xx-1129 |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Michael First name William Middle name Smith Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Smith Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number Xiichael First name William Middle name Smith Last name and Suffix (Sr., Jr., II, III) XXX-XX-1228 |

Debtor 1 Michael William Smith
Debtor 2 Jennifer Jean Smith Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 1118 Sheridan Rd | If Debtor 2 lives at a different address: | | | |
| | | Escanaba, MI 49829 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Delta | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| | otor 1 otor 2 | Michael William Si Jennifer Jean Smi | | | | | Case number (if known) | | |
|-----|---------------------------------|---|---|--|--|---|---|-------------|--|
| Par | t 2: | Tell the Court About \ | ∕our Bank | ruptcy Ca | ase | | | | |
| Ва | Bank | chapter of the cruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choo | sing to file under | ■ Chapt | ter 7 | | | | | |
| | | | ☐ Chapt | ter 11 | | | | | |
| | | | ☐ Chapt | ter 12 | | | | | |
| | | | ☐ Chapt | ter 13 | | | | | |
| 8. | How | you will pay the fee | abo ord a p l ne The | but how your ler. If your re-printed leed to part to part from the front records and the | ou may pay. Typically, if your attorney is submitting your laddress. y the fee in installments. If the installments is in the installments (Official Fat my fee be waived (Your quired to, waive your fee, and installments). | are paying the fer payment on your b f you choose this corm 103A). may request this or d may do so only i | check with the clerk's office in your local court for more details ee yourself, you may pay with cash, cashier's check, or mone r behalf, your attorney may pay with a credit card or check with option, sign and attach the <i>Application for Individuals to Pay</i> option only if you are filing for Chapter 7. By law, a judge may if your income is less than 150% of the official poverty line the | h , , | |
| | | Clad for | the | | | | fee in installments). If you choose this option, you must fill out (Official Form 103B) and file it with your petition. | : | |
| 9. | Have bank | you filed for ruptcy within the | No. | | | | | | |
| | last 8 | 3 years? | ☐ Yes. | | | | | | |
| | | | | District | | When | Case number | | |
| | | | | District | | When | Case number | _ | |
| | | | | District | | When | Case number | | |
| 10. | case filed not fi you, | any bankruptcy s pending or being by a spouse who is iling this case with or by a business ner, or by an ate? | ■ No □ Yes. | | | | | | |
| | | | | Debtor | | | Relationship to you | | |
| | | | | District | | When | Case number, if known | _ | |
| | | | | Debtor | | | Relationship to you | | |
| | | | | District | | When | Case number, if known | | |
| 11. | | ou rent your | ■ No. | Go to | line 12. | | | | |
| | resid | lence? | ☐ Yes. | Has yo | our landlord obtained an ev | ction judgment aga | gainst you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statem</i> this bankruptcy petition. | ent About an Evicti | ction Judgment Against You (Form 101A) and file it as part of | | |

| | otor 1 Michael William S otor 2 Jennifer Jean Smi | | | Case number (if known) | | | | |
|-----|---|-----------------------|--|---|--|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bu | ısinesses | You Own as a Sole Proprie | tor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of bus | siness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | | | |
| | it to this petition. | | | ox to describe your business: | | | | |
| | | | ☐ Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | _ | Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | | | | | |
| | | | ☐ None of the above | 8 | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropries deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proce in 11 U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | t 4: Report if You Own or | Have An | / Hazardous Property or An | y Property That Needs Immediate Attention | | | | |
| | Do you own or have any | | , mazaradad r reporty or 7m | , report, mat recode immediate / itemies | | | | |
| | property that poses or is | ■ No. | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | |
| | public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | |
| | | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

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Debtor 1 Michael William Smith
Debtor 2 Jennifer Jean Smith
Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | otor 1 otor 2 | Michael William S Jennifer Jean Smi | | | | Case nu | umber (if kn | nown) | | |
|---------------------------------------|------------------|--|---|--|--|---|--------------|--|--|--|
| Par | t 6: | Answer These Questi | ions for Re | eporting Purposes | | | | | | |
| 16. | | t kind of debts do have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose." | | | | | | | |
| | | | | ☐ No. Go to line 16b. | | | | | | |
| | | | | Yes. Go to line 17. | | | | | | |
| | | | 16b. | Are your debts primarily busine money for a business or investme | | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | | |
| | | | 16c. | State the type of debts you owe th | nat are not consu | mer debts or bu | isiness det | ots | | |
| 17. | | you filing under oter 7? | □ No. | I am not filing under Chapter 7. G | o to line 18. | | | | | |
| Do you estimate that after any exempt | | | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be availab | | | | s excluded and administrative expenses | | |
| | | inistrative expenses paid that funds will | | ■ No | ■ No | | | | | |
| | be a | vailable for ibution to unsecured itors? | | ☐ Yes | | | | | | |
| 18. | | many Creditors do | 1 -49 | | 1 ,000-5,000 |) | | 2 5,001-50,000 | | |
| | you owe | estimate that you ? | □ 50-99 | | ☐ 5001-10,000 ☐ 10,001,05,000 | | | ☐ 50,001-100,000 | | |
| | | | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,0 | 0,001-25,000 | | | | |
| 19. | | low much do you | □ \$0 - \$9 | 50,000 | □ \$1,000,001 | - \$10 million | | □ \$500,000,001 - \$1 billion | | |
| | | nate your assets to orth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | □ \$1,000,000,001 - \$10 billion | | |
| | be worth: | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | | า | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | | much do you | \$0 - \$ 5 | 50,000 | □ \$1,000,001 - \$10 million | | | ☐ \$500,000,001 - \$1 billion | | |
| | estir to be | nate your liabilities e? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | | | \$1,000,000,001 - \$10 billion | | |
| | | | | 001 - \$500,000 001 - \$1 million | | 1 - \$100 million 01 - \$500 million | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Par | t 7: | Sign Below | | | | | | | | |
| For | you | | I have ex | amined this petition, and I declare | under penalty of | perjury that the i | information | n provided is true and correct. | | |
| | | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | | I request | relief in accordance with the chapte | er of title 11, Unit | ed States Code, | , specified | in this petition. | | |
| | | | | | | | | perty by fraud in connection with a or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | /s/ Mich | ael William Smith | | /s/ Jennifer | | | | |
| | | | | William Smith of Debtor 1 | | Jennifer Jea Signature of D | | | | |
| | | | Executed | on March 11, 2019 | | Executed on | March 1 | 11. 2019 | | |
| | | | | MM / DD / YYYY | | | MM / DD | | | |

| Debtor 1 Debtor 2 Michael William Jennifer Jean S | | Case | e number (if known) |
|---|---|--|--|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify | ted States Code, and have e that I have delivered to the d | informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | | s, certify that I have no know | ledge after an inquiry that the information in the |
| | /s/ James J Viau | Date | March 11, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | James J Viau P43335 | | |
| | Printed name | | |
| | Viau & Chapekis Firm name | | |
| | | | |
| | 808 Ludington Street Escanaba, MI 49829 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 9067862277 | Email address | info@ludingtonlaw.com |
| | P43335 MI | | |
| | Bar number & State | | |

| Fill | in this information to identify your case: | | |
|------|---|-------------|--------------------------------|
| | otor 1 Michael William Smith | | |
| | First Name Middle Name Last Name | | |
| | otor 2 Jennifer Jean Smith First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN | | |
| Cas | se number | | |
| | lown) | _ | k if this is an nded filing |
| | | | |
| Of | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| info | as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | ¢ | 40,000.00 |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | · |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 25,493.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 65,493.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities |
| | | Amoul | nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 12,530.54 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 36,710.78 |
| | W | | |
| | Your total liabilities | \$ | 49,241.32 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) | | |
| ٠. | Copy your combined monthly income from line 12 of Schedule I | \$ | 5,074.95 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,958.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | I, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | box and | submit this form to |

Official Form 106Sum Summary

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| Debtor 1 | Michael William Smith | |
|----------|-----------------------|------------------------|
| Debtor 2 | Jennifer Jean Smith | Case number (if known) |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,086.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | aim |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 6,468.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 6,468.00 |

| | Case. | 19-90053- | Jig | DUC #.1 | Filed. 03/18/19 | Paye 10 | J 01 04 | | |
|---------------------------------|---|--------------------|--------------------|----------------|--|------------|---|--|--|
| Fill in this info | rmation to identify yo | our case and th | is filing | g: | | | | | |
| Debtor 1 | Michael Willia | m Smith | | | | | | | |
| Dahtar 0 | First Name | | Name | | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | Jennifer Jean First Name | | Name | | Last Name | | | | |
| United States B | ankruptcy Court for th | e: WESTERN | DISTR | RICT OF MICI | HIGAN | | | | |
| Case number | | | | | | | | ☐ Check if this is ar | |
| | | | | | | | | amended filing | |
| | | | | | | | | | |
| Official Fo | orm 106A/B | | | | | | | | |
| Schedu | le A/B: Pro | perty | | | | | | 12/15 | |
| Answer every que | | ding, Land, or Otl | her Real | I Estate You O | own or Have an Interest In | | | | |
| No. Go to Pa ■ Yes. Where | art 2. | ade inclest in a | • | , , | g, land, or similar property | | | | |
| | eridan Rd | | Single-family home | | | | Do not deduct secured claims or exemptions. | | |
| Street address | treet address, if available, or other description | | □ · | | ulti-unit building m or cooperative | | | claims on Schedule D: as Secured by Property. | |
| Escanab | a MI | 49829-0000 | | | d or mobile home | | alue of the | Current value of the | |
| City | State | ZIP Code | | | property | entire pro | S40,000.00 | portion you own? \$40,000.00 | |
| | | | | Timeshare | | | scribe the nature of your ownership inter | | |
| | | | _ | has an intere | st in the property? Check on | | fee simple, ten ate), if known. | ancy by the entireties, or | |
| Delta | | | | | = | | | | |
| County | | | | | Debtor 2 only | - Chec | ck if this is com | nmunity property | |
| | | | | | of the debtors and another you wish to add about this tion number: | (see i | nstructions) | | |
| | | | | | | | | | |
| | have attached for Pa | | | | from Part 1, including a | | | \$40,000.00 | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto Debto | | lichael William Smith ennifer Jean Smith | | Case number (if known) | |
|----------------|-----------------|--|---|--|---------------------------------------|
| . Ca | rs, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | Nο | | | | |
| _ | Yes | | | | |
| _ | 165 | | | | |
| 3.1 | Make: | Ford | Who has an interest in the property? Cheek are | Do not deduct secured cla | aims or exemptions. Put |
| 3.1 | | Edge | Who has an interest in the property? Check one | the amount of any secure Creditors Who Have Clair | |
| | Model: Year: | 2008 | ■ Debtor 1 only | Creditors virio Have Clair | ms secured by Property. |
| | | 2006 mate mileage: 165000 | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | formation: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property: | portion you own: |
| | | omaton. | At least one of the deptors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$5,453.00 | \$5,453.00 |
| 3.2 | Make: | Toyota | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: | Tacoma | ☐ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2006 | ■ Debtor 2 only | | |
| | | mate mileage: | ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | formation: | ☐ At least one of the debtors and another | ontile property. | portion you own. |
| | | | — At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$5,843.00 | \$5,843.00 |
| 3.3 | Make: | Ford | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: | F150 | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2005 | Debtor 2 only | | |
| | Approxir | mate mileage: | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | formation: | ☐ At least one of the debtors and another | | , , |
| | Scrap | Value | ☐ Check if this is community property (see instructions) | \$200.00 | \$200.00 |
| Exa | mples: B No | | d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc | | |
| 4.1 | Yes Make: | Sportcraft | Who has an interest in the property? Check one | Do not deduct secured cla | aims or eventions. Put |
| | N4= 1 1 | Fishermans | ☐ Debtor 1 only | the amount of any secure | d claims on Schedule D: |
| | Model: Year: | 1993 | | Creditors Who Have Clair | ms Securea by Property. |
| | ı cai. | 1999 | Debtor 2 only | Current value of the | Current value of the |
| | Oth or in | formation: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Otherin | omation. | At least one of the debtors and another | \$800.00 | \$800.00 |
| | Boat - | No Transmission | ☐ Check if this is community property (see instructions) | φουυ.υυ | φου.υ |
| 4.2 | Make: | Ski doo | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: | 440 | ☐ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2000 | Debtor 2 only | Greditors with mave Clair | no occured by Property. |
| | ı Gai. | | | Current value of the | Current value of the |
| | Otherin | formation: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Outer III | omaton. | ☐ At least one of the debtors and another☐ Check if this is community property | \$750.00 | \$750.00 |
| | | | (see instructions) | Ψ130.00 | Ψ1 30.00 |

Official Form 106A/B Schedule A/B: Property page 2

| Do you own Househo Example No Yes. Collectib | dollar value of the portion you have attached for Part 2. circibe Your Personal and House nor have any legal or equitors: Major appliances, furniture Describe Household ics es: Televisions and radios; auditorial parts and radios; auditoria | able interest in any of the following items? , linens, china, kitchenware | the amount of any secur Creditors Who Have Cla Current value of the entire property? \$750.00 The entries for | claims or exemptions. Put red claims on Schedule D: nims Secured by Property. Current value of the portion you own? \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|---|--|---|
| Other Other Add the pages years. Despoyou own Househous Example No Yes. Electronic Example No Yes. | dollar value of the portion ou have attached for Part 2. scribe Your Personal and Hous nor have any legal or equitold goods and furnishings es: Major appliances, furniture Describe Household ics es: Televisions and radios; audincluding cell phones, came | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) you own for all of your entries from Part 2, including an Write that number hereehold Items able interest in any of the following items? dio, video, stereo, and digital equipment; computers, printe | Current value of the entire property? \$750.00 ny entries for => | Current value of the portion you own? \$750.00 \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Other Do Add the pages your own of the pages your own own of the pages your own own of the pages of the page | dollar value of the portion you have attached for Part 2. cribe Your Personal and Hous nor have any legal or equitold goods and furnishings as: Major appliances, furniture Describe Household ics as: Televisions and radios; audincluding cell phones, came | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) you own for all of your entries from Part 2, including an Write that number hereehold Items able interest in any of the following items? d Goods dio, video, stereo, and digital equipment; computers, printe | entire property? \$750.00 ny entries for | \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Househo Example No Pes. Collectib | dollar value of the portion you have attached for Part 2. scribe Your Personal and Housen or have any legal or equited by the policy of the p | At least one of the debtors and another Check if this is community property (see instructions) you own for all of your entries from Part 2, including ar Write that number here | \$750.00 ny entries for | \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Add the pages your art 3: Des po you own thouseho Example No Yes. | dollar value of the portion you have attached for Part 2. scribe Your Personal and Housen or have any legal or equited by the policy of the p | Check if this is community property (see instructions) you own for all of your entries from Part 2, including an Write that number hereehold Items able interest in any of the following items? d Goods dio, video, stereo, and digital equipment; computers, printe | ny entries for | \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Househo Example No Yes. Collectib | cribe Your Personal and House nor have any legal or equitoold goods and furnishings as: Major appliances, furniture Describe Household ics as: Televisions and radios; aurincluding cell phones, came | you own for all of your entries from Part 2, including an Write that number hereehold Items able interest in any of the following items? d Goods dio, video, stereo, and digital equipment; computers, printe | ny entries for | \$13,796.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Househo Example No Yes. Collectib | cribe Your Personal and House nor have any legal or equitoold goods and furnishings as: Major appliances, furniture Describe Household ics as: Televisions and radios; aurincluding cell phones, came | write that number hereehold Items able interest in any of the following items? , linens, china, kitchenware d Goods dio, video, stereo, and digital equipment; computers, printe | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Househo Example No Electroni Example No Yes. Collectib | old goods and furnishings es: Major appliances, furniture Describe Househol ics es: Televisions and radios; aur including cell phones, cam | able interest in any of the following items? , linens, china, kitchenware d Goods dio, video, stereo, and digital equipment; computers, printe | rs, scanners; music collect | portion you own? Do not deduct secured claims or exemptions. |
| Househo Example No Yes. Electroni Example No Yes. Collectib | pld goods and furnishings es: Major appliances, furniture Describe Househol ics es: Televisions and radios; audincluding cell phones, came | d Goods dio, video, stereo, and digital equipment; computers, printe | rs, scanners; music collect | portion you own? Do not deduct secured claims or exemptions. |
| Electroni Example No Yes. Properties of the content of the conte | Describe Househol ics ss: Televisions and radios; aur including cell phones, cam | d Goods dio, video, stereo, and digital equipment; computers, printe | rs, scanners; music collect | |
| ■ No □ Yes. Collectib | ics es: Televisions and radios; aud including cell phones, cam | dio, video, stereo, and digital equipment; computers, printe | rs, scanners; music collect | |
| ■ No □ Yes. Collectib | s: Televisions and radios; auding cell phones, cam | | rs, scanners; music collect | ions; electronic devices |
| ■ No □ Yes. Equipme Example | other collections, memoral Describe ent for sports and hobbies | ntings, prints, or other artwork; books, pictures, or other art pilia, collectibles cise, and other hobby equipment; bicycles, pool tables, gol | | |
| | Assorted | Hunting and Sports Guns | | \$500.0 |
| ■ No □ Yes. 1. Clothes Example □ No | les: Pistols, rifles, shotguns, a Describe | ather coats, designer wear, shoes, accessories | | |
| Yes. | | | | |
| | Describe | | | |

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

■ No

Case:19-90053-jtg Doc #:1 Filed: 03/18/19 Page 13 of 64 Michael William Smith Debtor 1 Jennifer Jean Smith Debtor 2 Case number (if known) ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$20.00 4 Dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,220.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$40.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Credit Union 1** \$100.00 Checking Credit Union 1 \$10.00 17.2. Savings \$0.00 **Delta County Credit Union** Checking 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name:

☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Official Form 106A/B Schedule A/B: Property

Case:19-90053-jtg Doc #:1 Filed: 03/18/19 Page 14 of 64 Michael William Smith Debtor 1 Jennifer Jean Smith Debtor 2 Case number (if known) ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401a \$8,000.00 City of Escanaba 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own?

28. Tax refunds owed to you

□ No

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

2018 Federal \$727.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

☐ Yes. Give specific information.....

Do not deduct secured claims or exemptions.

Case:19-90053-jtg Doc #:1 Filed: 03/18/19 Page 15 of 64 Michael William Smith Debtor 1 Jennifer Jean Smith Debtor 2 Case number (if known) 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$8,877.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. ■ No ☐ Yes. Describe.....

| JO. | Accounts | receivable of | COMMISSIONS | you alleauy | earneu |
|-----|----------|---------------|-------------|-------------|--------|
| | _ | | | | |

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

□ No

Yes. Describe.....

\$600.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

Assortment of Tools

■ No

| Debtor 1 Debtor 2 | Michael William Smith Jennifer Jean Smith | Case number (if known) | |
|-------------------------------|--|------------------------|----------|
| ☐ Yes. | Describe | | |
| 41. Invent ■ No □ Yes. | Describe | | |
| | sts in partnerships or joint ventures | | |
| ■ No □ Yes. | Give specific information about them Name of entity: | % of ownership: | |
| 43. Custo | mer lists, mailing lists, or other compilations | | |
| | ur lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | | |
| | ■ No □ Yes. Describe | | |
| ■ No | usiness-related property you did not already list Give specific information | | |
| | the dollar value of all of your entries from Part 5, including any entries for pa art 5. Write that number here | | \$600.00 |
| | escribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interv you own or have an interest in farmland, list it in Part 1. | est In. | |
| | u own or have any legal or equitable interest in any farm- or commercial fish Go to Part 7. | ing-related property? | |
| ☐ Yes | s. Go to line 47. | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not List Above | | |
| | u have other property of any kind you did not already list? bles: Season tickets, country club membership | | |
| ■ No □ Yes. | Give specific information | | |
| | | | *0.00 |
| 54. Add | the dollar value of all of your entries from Part 7. Write that number here | | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 7

Michael William Smith Debtor 1 Debtor 2 Jennifer Jean Smith Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$40,000.00 Part 2: Total vehicles, line 5 \$13,796.00 57. Part 3: Total personal and household items, line 15 \$2,220.00 58. Part 4: Total financial assets, line 36 \$8,877.00 Part 5: Total business-related property, line 45 59. \$600.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$25,493.00 Copy personal property total \$25,493.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$65,493.00

Official Form 106A/B Schedule A/B: Property page 8

| | | Coo:10.00 | 0052 ita - Doo #:1 | Filed: 02/19/10 | Dogo 10 | 0 of 64 |
|--------------------------|--|--|---|---|--|--|
| | | Case.19-90 | 1053-jtg D0C#.1 | Filed: 03/18/19 | Page 18 | 3 01 04 - |
| Fil | l in this informa | ation to identify your case | : | | | |
| De | btor 1 | Michael William Smitl | Middle Name | Last Name | | |
| 1 - | ebtor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bank | kruptcy Court for the: Wi | ESTERN DISTRICT OF M | IICHIGAN | | |
| | nse number | | | | | ☐ Check if this is an amended filing |
| | fficial For | | orty Vou Cla | im as Exempt | | 4/4.0 |
| <u> </u> | criedule | C. The Prop | erty rou cia | iiiii as Exempi | • | 4/16 |
| the nee | property you list | ed on Schedule A/B: Prope attach to this page as many | erty (Official Form 106A/B) | as your source, list the prope | rty that you | r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and |
| spe any fun exe | ecific dollar amo applicable sta ds—may be un emption to a pa | ount as exempt. Alternativ tutory limit. Some exempt limited in dollar amount. I | vely, you may claim the f ions—such as those for However, if you claim an | full fair market value of the p health aids, rights to receiv exemption of 100% of fair r | roperty be e certain b narket valu | One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the s, your exemption would be limited |
| Pa | rt 1: Identify | the Property You Claim a | s Exempt | | | |
| 1. | Which set of e | exemptions are you claimi | ng? Check one only, ever | n if your spouse is filing with y | ou. | |
| | ☐ You are clai | ming state and federal nonb | pankruptcy exemptions. | 11 U.S.C. § 522(b)(3) | | |
| | ■ You are clai | ming federal exemptions. | 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any prope | rty you list on Schedule A | A/B that you claim as exe | empt, fill in the information b | elow. | |
| | | n of the property and line on at lists this property | Current value of the portion you own | Amount of the exemption you | ı claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one box for each ex | remption. | |
| De | ebtor 1 Exemp | otions | | | | |
| | 1118 Sherida 49829 Delta | an Rd Escanaba, MI County | \$40,000.00 | \$20 | 0,000.00 | 11 U.S.C. § 522(d)(1) |

Line from Schedule A/B: 1.1

 \square 100% of fair market value, up to any applicable statutory limit

2008 Ford Edge 165000 miles \$5,453.00 Line from Schedule A/B: 3.1

\$2,726.50

\$375.00

11 U.S.C. § 522(d)(2)

11 U.S.C. § 522(d)(5)

11 U.S.C. § 522(d)(5)

100% of fair market value, up to any applicable statutory limit

2005 Ford F150 \$200.00 **Scrap Value** Line from Schedule A/B: 3.3

\$200.00

100% of fair market value, up to any applicable statutory limit

2000 Ski doo 440 \$750.00 Line from Schedule A/B: 4.2

100% of fair market value, up to any applicable statutory limit

2000 Ski doo 440 \$750.00 Line from Schedule A/B: 4.3

\$375.00

11 U.S.C. § 522(d)(5)

100% of fair market value, up to any applicable statutory limit

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Household Goods Line from Schedule A/B: 6.1 | \$1,500.00 | | \$750.00 | 11 U.S.C. § 522(d)(3) |
| | Zino nom osinodalo i vizi. | | | 100% of fair market value, up to any applicable statutory limit | |
| | Assorted Hunting and Sports Guns Line from Schedule A/B: 9.1 | \$500.00 | | \$250.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Zino nem estredate fuzi. | | | 100% of fair market value, up to any applicable statutory limit | |
| | 4 Dogs Line from Schedule A/B: 13.1 | \$20.00 | | \$10.00 | 11 U.S.C. § 522(d)(3) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$40.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) |
| | Ellie II olii ooliloodie 702. 1011 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Credit Union 1 Line from Schedule A/B: 17.1 | \$100.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) |
| | Elle Holli ochedate AVB. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Credit Union 1 Line from Schedule A/B: 17.2 | \$10.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | Line Ironi Schedule AVD. 17-2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401a: City of Escanaba Line from Schedule A/B: 21.1 | \$8,000.00 | | \$8,000.00 | 11 U.S.C. § 522(d)(12) |
| | Elle II olii ocii code A.B. 2111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Federal: 2018 Line from Schedule A/B: 28.1 | \$727.00 | | \$363.50 | 11 U.S.C. § 522(d)(5) |
| | Ellie II olii ociiledale Al B. 2011 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Assortment of Tools Line from Schedule A/B: 39.1 | \$600.00 | | \$300.00 | 11 U.S.C. § 522(d)(5) |
| | Ellie II olii oolioodie 702. ooli | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmen | nt.) |
| | Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | □ No □ Yes | | | | |
| | | | | | |

| Fil | I in this information to identify your c | ase: | | | |
|--------------------------|---|--|-----------------------------|--|---|
| De | ebtor 1 | | | | |
| De | First Name bbtor 2 Jennifer Jean Smi | Middle Name | L | Last Name | |
| 1 - | ouse if, filing) First Name | Middle Name | L | Last Name | |
| Ur | nited States Bankruptcy Court for the: | WESTERN DISTRICT OF M | ЛСНІ | GAN | |
| 1 | ase number | | | | ☐ Check if this is an amended filing |
| 0 | fficial Form 106C | | | | |
| S | chedule C: The Pro | perty You Cla | aim | as Exempt | 4/16 |
| the nee | as complete and accurate as possible. I property you listed on <i>Schedule A/B: Pleded</i> , fill out and attach to this page as note number (if known). | roperty (Official Form 106A/B) |) as yo | our source, list the property that you | claim as exempt. If more space is |
| spe any fun exe | r each item of property you claim as e ecific dollar amount as exempt. Alterr y applicable statutory limit. Some exe ds—may be unlimited in dollar amou emption to a particular dollar amount the applicable statutory amount. | natively, you may claim the f mptions—such as those for nt. However, if you claim ar | full fa r heal n exer | iir market value of the property be Ith aids, rights to receive certain b mption of 100% of fair market valu | ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the |
| Pa | Int 1: Identify the Property You Clai | m as Exempt | | | |
| | Which set of exemptions are you cla | • | en if vo | our spouse is filing with vou. | |
| | ☐ You are claiming state and federal r | | • | , , | |
| | ■ You are claiming federal exemption | s 11 U.S.C. & 522(b)(2) | | | |
| 2 | For any property you list on Schedu | - , , , , | empt. | fill in the information below | |
| | Brief description of the property and line | • | | ount of the exemption you claim | Specific laws that allow exemption |
| | Schedule A/B that lists this property | portion you own Copy the value from | Che | eck only one box for each exemption. | |
| D . | phter 2 Everntions | Schedule A/B | | | |
| DE | <u>ebtor 2 Exemptions</u> 1118 Sheridan Rd Escanaba, MI 49829 Delta County | \$40,000.00 | • | \$20,000.00 | 11 U.S.C. § 522(d)(1) |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2008 Ford Edge 165000 miles | \$5,453.00 | | \$2,726.50 | 11 U.S.C. § 522(d)(2) |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2000 Ski doo 440 | \$750.00 | | \$375.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 4.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2000 Ski doo 440 | \$750.00 | _ | \$375.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 4.3 | | | 100% of fair market value, up to | |

Official Form 106C

Household Goods

Line from Schedule A/B: 6.1

\$1,500.00

11 U.S.C. § 522(d)(3)

\$750.00

100% of fair market value, up to any applicable statutory limit

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption | |
|--|---|--------------------------------------|--------|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Assorted Hunting and Sports Guns Line from Schedule A/B: 9.1 | \$500.00 | | \$250.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Scriedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 4 Dogs Line from Schedule A/B: 13.1 | \$20.00 | | \$10.00 | 11 U.S.C. § 522(d)(3) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash Line from Schedule A/B: 16.1 | \$40.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) | |
| | Ente from Somedate 702. 1011 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: Credit Union 1 Line from Schedule A/B: 17.1 | \$100.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Savings: Credit Union 1 Line from Schedule A/B: 17.2 | \$10.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Federal: 2018 Line from Schedule A/B: 28.1 | \$727.00 | | \$363.50 | 11 U.S.C. § 522(d)(5) | |
| | Ellie Holli Goricade A.B. 2011 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Assortment of Tools Line from Schedule A/B: 39.1 | \$600.00 | | \$300.00 | 11 U.S.C. § 522(d)(5) | |
| | Enterior confederation 2. | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 No | | | led on or after the date of adjustmen | nt.) | |
| | Yes. Did you acquire the property covered No Yes | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? | |
| | | | | | | |

| E | in this informat | tion to identify you | | | | |
|--------|---------------------------------------|----------------------------|---|-------------------------|-------------------------|---------------|
| | in this informat | tion to identify you | r case: | | | |
| Deb | otor 1 | Michael William | | | _ | |
| | | First Name | Middle Name Last Name | | | |
| | otor 2 use if, filing) | Jennifer Jean S First Name | Middle Name Last Name | | - | |
| Unit | ted States Bankı | ruptcy Court for the: | WESTERN DISTRICT OF MICHIGAN | | - | |
| Cas | se number | | | | | |
| (if kn | | | | | ☐ Check | if this is an |
| | | | | | ameno | ded filing |
| ○tt | ioial Farm | 106D | | | | |
| | icial Form | | | | | |
| Sc | hedule D | : Creditors | Who Have Claims Secur | ed by Propert | :y | 12/15 |
| is ne | | | If two married people are filing together, both are out, number the entries, and attach it to this form | | | |
| | , , | ve claims secured by | your property? | | | |
| | _ ' | _ | nis form to the court with your other schedules | . You have nothing else | to report on this form. | |
| | _ | l of the information l | • | | | |
| | | | Delow. | | | |
| Par | List All S | Secured Claims | | . Column A | Column B | Column C |
| | | | nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. A | tely | Value of collateral | Unsecured |
| | | | cal order according to the creditor's name. | Do not deduct the | that supports this | portion |
| | Alpena-Alco | ona ∆rea | | value of collateral. | claim | If any |
| 2.1 | Credit | nia Arca | Describe the property that secures the claim: | \$950.00 | \$800.00 | \$150.00 |
| | Creditor's Name | | 1993 Sportcraft Fishermans | | | |
| | | | Boat - No Transmission | | | |
| | PO Box 515 | | As of the date you file, the claim is: Check all that | | | |
| | Alpena, MI 4 | | apply. | | | |
| | | ty, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| | rambon, on oon, on | y, outo a Esp oodo | ☐ Disputed | | | |
| Who | o owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| | Debtor 1 only | | ■ An agreement you made (such as mortgage or | secured | | |
| | Debtor 2 only | | car loan) | | | |
| | Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Check if this clain community debt | n relates to a | Other (including a right to offset) | | | |
| | community debt | | | | | |
| Date | e debt was incurre | ed | Last 4 digits of account number 471 | 6 | | |
| | - | | | | | |
| 2.2 | Alpena-Alco | ona Area | Describe the property that secures the claim: | Unknown | \$200.00 | Unknown |
| | Credit Creditor's Name | | 2005 Ford F150 | 1 | | |
| | | | Scrap Value | | | |
| | | | - | | | |
| | PO Box 515 | | As of the date you file, the claim is: Check all that apply. | | | |
| | Alpena, MI 4 | | Contingent | | | |
| | Number, Street, Cit | ty, State & Zip Code | Unliquidated | | | |
| Who | o owes the debt | ? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| _ | Debtor 1 only | | ■ An agreement you made (such as mortgage or | socured | | |
| | Debtor 2 only | | car loan) | occui cu | | |
| _ | Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) |) | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Check if this clain community debt | | Other (including a right to offset) | | | |

| Debtor 1 | Michael William S | Smith | | Case | number (if known) | | |
|-------------------|---|-------------------------|--------------------------------------|-----------------|-------------------|------------|------------|
| F | First Name | Middle Name | Last Name | | - | | |
| Debtor 2 | Jennifer Jean Sm | ith | | | | | |
| F | First Name | Middle Name | Last Name | | | | |
| Date debt w | as incurred | | Last 4 digits of account number | | | | |
| 2.3 Cent | ral Savings Bank | Descril | pe the property that secures the c | laim: | \$11,580.54 | \$5,843.00 | \$5,737.54 |
| Credito | r's Name | 2006 | Toyota Tacoma | | | | |
| PO E | Bingham Box 339 t Sainte Marie, M | | ne date you file, the claim is: Chec | k all that | | | |
| | 3-2101 | apply. | tingent | | | | |
| Numbe | r, Street, City, State & Zip (| Code Unli | quidated | | | | |
| Who owes | the debt? Check one. | ☐ Disp Nature | outed of lien. Check all that apply. | | | | |
| Debtor 1 Debtor 2 | • | | agreement you made (such as morto | gage or secured | | | |
| Debtor 1 | and Debtor 2 only | ☐ Stat | utory lien (such as tax lien, mechan | ic's lien) | | | |
| ☐ At least o | one of the debtors and a | another 🗖 Judg | gment lien from a lawsuit | | | | |
| | this claim relates to a nity debt | Othe | er (including a right to offset) | | | | |
| Date debt w | as incurred | | Last 4 digits of account number | 2485 | | | |
| | | | | | | | |
| Add the de | ollar value of your ent | ries in Column A | on this page. Write that number h | nere: | \$12,530.54 | 1 | |
| | ne last page of your fo number here: | rm, add the dolla | r value totals from all pages. | | \$12,530.54 | _ | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Ouse:10 0 | | 7 // T ilea: 00 | 0/10/1 | o rugo 2- | 1 | |
|--|--|--|---|-----------------------------------|---|--|---|
| Fill in this inforr | mation to identify your cas | se: | | | | | |
| Debtor 1 | Michael William Smi | · | | | | | |
| Debtor 2 | First Name Jennifer Jean Smith | Middle Name | Last Name | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | inkruptcy Court for the: | VESTERN DISTRICT | OF MICHIGAN | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check | if this is an |
| | | | | | | amend | led filing |
| Official Forn | n 106E/F | | | | | | |
| | F: Creditors Who | o Have Unsec | ured Claims | | | | 12/15 |
| any executory cont Schedule G: Execu Schedule D: Credit left. Attach the Cor name and case nui | , | t could result in a clair I Leases (Official Form d by Property. If more s f you have no informat | n. Also list executory of 106G). Do not include space is needed, copy | contracts any cred the Part | s on Schedule A/B: I litors with partially : you need, fill it out, | Property (Official For secured claims that a number the entries in | m 106A/B) and on are listed in n the boxes on the |
| | II of Your PRIORITY Unse | | | | | | |
| No. Go to F | ors have priority unsecured cl | aims against you? | | | | | |
| Yes. | alt Z. | | | | | | |
| identify what ty possible, list th Part 1. If more | r priority unsecured claims. If the of claim it is. If a claim has be the claims in alphabetical order at than one creditor holds a particlation of each type of claim, see | oth priority and nonprioriccording to the creditor's ular claim, list the other o | ty amounts, list that clair name. If you have more creditors in Part 3. | m here an e than two | d show both priority | and nonpriority amount | ts. As much as |
| 2.4 Aleeks | Donoutes out of Dovern | - 1 4 -1:-:4- | -f | 420 | | amount | amount |
| | Department of Revenue reditor's Name | e Last 4 digits | of account number 2 | 130 | Unknown | Unknown | Unknown |
| 550 W 7 Suite 3 | 10 | When was th | e debt incurred? | | | - | |
| | rage, AK 99501-6699 Street City State Zip Code | As of the date | e you file, the claim is: | Check al | I that apply | | |
| Who incurre | d the debt? Check one. | ☐ Contingen | | | , | | |
| Debtor 1 o | only | ☐ Unliquidate | ed | | | | |
| Debtor 2 of | only | ☐ Disputed | | | | | |
| Debtor 1 a | and Debtor 2 only | Type of PRIO | RITY unsecured claim | : | | | |
| ☐ At least or | ne of the debtors and another | ■ Domestic | support obligations | | | | |
| | this claim is for a community subject to offset? | | certain other debts you death or personal injury | , | • | | |
| ■ No | • | Other. Spe | ecify | • | | | |
| ☐ Yes | | | Notice | | | | |
| Part 2: List A | II of Your NONPRIORITY U | Jnsecured Claims | | | | | |
| | ors have nonpriority unsecure | | | | | | |
| | ve nothing to report in this part. | | | edules | | | |
| Yes. | ve nothing to report in this part. | odbinit this form to the c | ourt war your outer som | cuulcs. | | | |
| unsecured clai | r nonpriority unsecured claim m, list the creditor separately for tor holds a particular claim, list to | each claim. For each cl | aim listed, identify what | type of cla | aim it is. Do not list cl | aims already included | in Part 1. If more |
| | | | | | | Tota | al claim |

Schedule E/F: Creditors Who Have Unsecured Claims

| | Jennifer Jean Smith | Case number (if known) | |
|-----|--|---|----------|
| 4.1 | Afni, Inc Nonpriority Creditor's Name | Last 4 digits of account number | \$575.00 |
| | PO Box 3427 Bloomington, IL 61702 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collections - DISH NETWORK | |
| 4.2 | Bluegreen Vacations Corp | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | 4960 Conference Way N | when was the dept incurred? | |
| | Boca Raton, FL 33431 | _ | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | П | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Previous Timeshare | |
| 4.3 | Cadillac Accounts Rec | Last 4 digits of account number 1121 | \$30.00 |
| | Nonpriority Creditor's Name 851 N Mitchell St Cadillac, MI 49601 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | — NO | Collections - TRAVERSE HEART | |
| | Yes | Other. Specify VASCULAR | |

| | T Jennifer Jean Smith | Case number (if known) | |
|-----|--|---|----------|
| 4.4 | Caine & Weiner | Last 4 digits of account number 8048 | \$668.00 |
| | Nonpriority Creditor's Name 5805 Sepulveda Blvd 4th FL | When was the debt incurred? | <u> </u> |
| | Sherman Oaks, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collections | |
| 4.5 | CBM Collections Nonpriority Creditor's Name | Last 4 digits of account number 453x | Unknown |
| | 300 Rodd St | When was the debt incurred? | |
| | Ste 202 | | |
| | Midland, MI 48640 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the damins. Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collections | |
| 4.6 | Convergent Healthcare Recov | Last 4 digits of account number 65xx | \$41.00 |
| | Nonpriority Creditor's Name 121 NE Jefferson St | When was the debt incurred? | |
| | Ste 100 Peoria, IL 61602 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collections | |
| | | | |

| | Jennifer Jean Smith | Case number (if known) | |
|-----|--|---|------------|
| 4.7 | Cornerstone Credit Services | Last 4 digits of account number 0320 | \$8,065.00 |
| | Nonpriority Creditor's Name PO Box 92090 | When was the debt incurred? | |
| | Anchorage, AK 99509-2090 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify Collections | |
| | | | |
| 4.8 | Credit Services of MI Nonpriority Creditor's Name | Last 4 digits of account number 91xx | \$30.00 |
| | 1982 Hemmeter Rd Saginaw, MI 48638 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other Specify Collections | |
| | | | |
| 4.9 | Credit-Check Nonpriority Creditor's Name | Last 4 digits of account number 9972 | \$98.97 |
| | 315 North Front Street Marquette, MI 49855 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other Specify Collections | |
| | | | |

| Debto Debto | r 1 Michael William Smith r 2 Jennifer Jean Smith | Case number (if known) | | | |
|----------------|---|---|------------|--|--|
| 4.1 0 | Dept of Education / Nelnet | Last 4 digits of account number 4370 | \$5,369.00 | | |
| | Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | Check if this claim is for a community debt | ■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ■ No □ Yes | | | | |
| | □ res | ☐ Other. Specify | | | |
| 1 | | Ciddon Zouno | | | |
| 4.1 | Diversified Consultants Nonpriority Creditor's Name | Last 4 digits of account number 7888 | \$1,947.00 | | |
| | 10550 Deerwood Park Blvd #309 | When was the debt incurred? | | | |
| | Jacksonville, FL 32256 | As of the date confile the plains in Obselvell that each | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collections | | | |
| 4.1 | Equifax Consumer Assistance | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name PO Box 740256 | When was the debt incurred? | | | |
| | Atlanta, GA 30374 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify Notice | | | |

| Debto Debto | r 1 Michael William Smith r 2 Jennifer Jean Smith | Case number (if known) | | | |
|----------------|---|---|------------|--|--|
| 4.1 3 | Experian Consumer Assistance | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name PO Box 9701 Allen. TX 75013 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Notice | | | |
| 4.1 | Financial Recovery Services | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name 4510 W 77th St #200 Edina, MN 55435 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.1 | Jefferson Capital System | Last 4 digits of account number 3422 | \$2,059.00 | | |
| | Nonpriority Creditor's Name 16 Mcleland Rd | When was the debt incurred? | | | |
| | Saint Cloud, MN 56303 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Collections | | | |

| Debt Debt | or 1 Michael William Smith or 2 Jennifer Jean Smith | Case number (if known) | | | |
|--------------|---|---|------------|--|--|
| 4.1 | Joben Enterprises | Last 4 digits of account number d940 | \$1,082.00 | | |
| | Nonpriority Creditor's Name PO Box 1246 San Ramon, CA 94583 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only | Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collections | | | |
| 4.1 | Michigan Dept. of Treasury | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name Third Party Withholding Unit PO Box 30785 | When was the debt incurred? | | | |
| | Lansing, MI 48909 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Notice | | | |
| 4.1 8 | Neil Wrinkler MD | Last 4 digits of account number 3xxx | \$71.00 | | |
| | Nonpriority Creditor's Name 340 Quincy St Hancock, MI 49930 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □ Yes | ■ Other. Specify Collections | | | |
| | 55 | - Onler. Specify | | | |

| Debte Debte | or 1 Michael William Smith or 2 Jennifer Jean Smith | Case number (if known) | | | |
|----------------|---|--|----------|--|--|
| 4.1 9 | Northern Service Bureau | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name 111 N 9th St Escanaba, MI 49829 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □ Yes | Other. Specify Notice | | | |
| 4.2 | Oral Surgery Specialists | Last 4 digits of account number 5969 | \$100.00 | | |
| | Nonpriority Creditor's Name 8155 Executive Ct Ste 10 | When was the debt incurred? | | | |
| | Lansing, MI 48917 Number Street City State Zip Code | As of the date you file the claim is. Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Collections | | | |
| 4.2 | OSF Medical Group | Last 4 digits of account number | \$86.98 | | |
| 1 | Nonpriority Creditor's Name PO Box 91011 | When was the debt incurred? | Ψοσ.σσ | | |
| | Chicago, IL 60680 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only | Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Medical Services | | | |
| | | | | | |

| Debt Debt | or 1 Michael William Smith or 2 Jennifer Jean Smith | Case number (if known) | | | |
|--------------|--|---|------------|--|--|
| 4.2 2 | Portfolio Recovery | Last 4 digits of account number 3971 | \$388.00 | | |
| | Nonpriority Creditor's Name 120 Corporate Blvd Suite 100 Norfolk, VA 23502 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collections | | | |
| 4.2 3 | Professional Credit Services | Last 4 digits of account number 6682 | \$163.00 | | |
| | Nonpriority Creditor's Name 400 International Way Springfield, OR 97477 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collections | | | |
| 4.2 4 | Receivables Performance Mgmt. Nonpriority Creditor's Name | Last 4 digits of account number 9900 | \$1,946.83 | | |
| | PO Box 1548 Lynnwood, WA 98046-1548 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | □ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | | | | |
| | □ res | ■ Other. Specify Collections | | | |

| Debt Debt | or 1 Michael William Smith or 2 Jennifer Jean Smith | Case number (if known) | |
|--------------|---|--|------------|
| 4.2 5 | Security Credit Services | Last 4 digits of account number 3132 | \$691.00 |
| | Nonpriority Creditor's Name 2653 W Oxford Loop Oxford, MS 38655 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Collections | |
| 4.2 6 | Stuart Lippman & Associates | Last 4 digits of account number 6291 | \$549.00 |
| | Nonpriority Creditor's Name 5447 E 5th St | When was the debt incurred? | |
| | Ste 110 | when was the dept incurred: | |
| | Tucson, AZ 85711 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | ☐ Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collections | |
| 4.2 | | | |
| 7 | TFC Credit Corp | Last 4 digits of account number 5030 | \$1,099.00 |
| | Nonpriority Creditor's Name PO Box 579 | When was the debt incurred? | |
| | San Ramon, CA 94583 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | The control of the co | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | □ res | Student Loan | |
| | | Ottaciit Louii | |

| Debto | or 1 Michael William Smith or 2 Jennifer Jean Smith | Case number (if known) | | | |
|----------|--|--|-------------|--|--|
| 4.2 8 | Todd & Taryn Armstrong | Last 4 digits of account number | \$0.00 | | |
| 0] | Nonpriority Creditor's Name | | | | |
| | PO Box 97 | When was the debt incurred? | | | |
| | Kimberling City, MO 65686 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | □ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.2 9 | Toyota Motor Credit Corp | Last 4 digits of account number | \$11,651.00 | | |
| | Nonpriority Creditor's Name PO Box 9786 Cedar Rapids, IA 52409 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | lacktriangle Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Collections | | | |
| 4.3 0 | Trans Union LLC | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name #2 Baldwin Place PO Box 1000 Chester, PA 19022 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Notice | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | • | |
|----------|-----------------------|------------------------|--|
| Debtor 2 | Jennifer Jean Smith | Case number (if known) | |
| Debtor 1 | Michael William Smith | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 6,468.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 30,242.78 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 36,710.78 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Michael William S | Smith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer Jean Sm | ith | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF MICHIGAN | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | | State what the contract or lease is for |
|-----|---|--------|----------|----------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| .2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | - | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | U.I.J | | <u> </u> | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | - ity | | Oldio | 211 0000 | |
| - | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

| | | , 0 | | • | |
|--------------------|---|--|--------------------------------|--------------------------------------|---|
| Fill in this in | nformation to identify | our case: | | | |
| Debtor 1 | Michael Willia | am Smith | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Jennifer Jear | | | | |
| (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for t | he: WESTERN DISTRICT | OF MICHIGAN | | |
| Case number | er | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | ule H: Your C | odebtors | | | 12/15 |
| ocnea | aic II. Ioui o | ouchioi 3 | | | 12/13 |
| | • | own). Answer every questio ? (If you are filing a joint case | | as a codebtor. | |
| ■ No | | | | | |
| ■ No □ Yes | | | | | |
| | | | | | |
| | | e you lived in a community բ iana, Nevada, New Mexico, P | | | y states and territories include |
| _ | | , | | , | |
| | Go to line 3. | | and the control of the Control | | |
| ⊔ Yes. | Did your spouse, former | spouse, or legal equivalent li | ve with you at the time? | | |
| in line 2 | 2 again as a codebtor o 06D), Schedule E/F (Of | only if that person is a guara | ntor or cosigner. Make | sure you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | olumn 1: Your codebton | | | | editor to whom you owe the debt |
| ING | arie, Number, Street, Oity, State | and zir code | | Check all schedule | es that apply: |
| 3.1 | | | | D Schedule D, lin | e |
| Na | ame | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| Ni Ci | umber Street | State | ZIP Code | _ | |
| O | пу | State | ZIF Code | | |
| 3.2 | | | | Cok-dul- D. P. | |
| | ame | | | _ ☐ Schedule D, lin☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| Ni | umber Street | | | _ | |
| Ci | | State | ZIP Code | | |

| Fill in this informat | ion to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Michael William Smith | |
| Debtor 2 (Spouse, if filing) | Jennifer Jean Smith | |
| United States Ban | kruptcy Court for the: WESTERN DISTRICT OF MICHIGAN | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| Official Fo | | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment | | | | | |
|-----|---|----------------------|---|---|--|--|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | ■ Employed□ Not employed | | |
| | employers. | Occupation | Laborer | Radiation Therapist | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | City of Escanaba | DCH System | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 410 Ludington St Escanaba, MI 49829 | 1721 S Stephenson Ave Iron Mountain, MI 49801 | | |
| | | How long employed th | nere? 2 years | 5 months | | |
| | Circ Durille Mary Mary | 0 , , | | 5 months | | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Estimate and list monthly overtime pay.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,727.67 \$ 3,359.00 \$

3. +\$ 0.00 +\$ 0.00 \$

4. Calculate gross Income. Add line 2 + line 3.

| | tor 1 tor 2 | Michael William Smith Jennifer Jean Smith | | C | Case | number (if known) | | | |
|-----|----------------|---|--------|-----|-------------|-------------------|--------------|---------------------------|----------|
| | | | | | Foi | Debtor 1 | | Debtor 2 or filing spouse | |
| | Cop | y line 4 here | 4. | | \$_ | 2,727.67 | \$ | 3,359.00 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 578.00 | \$ | 754.50 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 113.90 | \$ | 161.47 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | | \$ | 275.76 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | | \$_ | 0.00 | \$ | 531.39 | |
| | 5g. | Union dues | 5g. | | \$_ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Friend of the Court | _ 5h. | .+ | \$_ | | + \$ | 0.00 | |
| | | Misc | _ | | \$_ | 0.00 | \$ | 107.85 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,391.20 | \$ | 1,555.21 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 1,336.47 | \$ | 1,803.79 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | | \$ - | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | | \$ - | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | _ | | · | | |
| | 0~ | Specify: VA Benifits Pension or retirement income | 8f. | | \$ \$ | 1,934.69 | \$ | 0.00 | |
| | 8g. 8h. | | 8g. | | \$ \$ | 0.00 | * | 0.00 | |
| | OII. | Other monthly income. Specify: | _ 011. | | Ψ_ | 0.00 | - Ψ <u> </u> | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 1,934.69 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 3,271.16 + \$_ | 1,80 | 03.79 = \$ | 5,074.95 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | . , | • | chedule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 12. \$ | 5,074.95 |
| 13. | Do y ■ | you expect an increase or decrease within the year after you file this form? No. Yes. Explain: | ? | | | | | monthly | |

| | | | | | | • | | |
|------------|-------------------------------|--|------------------------|--|--|--------------|-----------------|---|
| Fill | in this informa | ation to identify yo | our case: | | | | | |
| Deb | tor 1 | Michael Will | iam Smit | h | | Che | eck if this is: | |
| | tor 2 ouse, if filing) | Jennifer Jea | n Smith | | | | | wing postpetition chapter the following date: |
| Unit | ed States Bankı | ruptcy Court for the | : WESTE | ERN DISTRICT OF MICHI | GAN | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | orm 106J | | | | - | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be info | as complete ormation. If m | and accurate as | possible eded, atta | If two married people and the control of the contro | | | | |
| Par | | ribe Your House | hold | | | | | |
| 1. | Is this a joir ☐ No. Go to | | | | | | | |
| | _ | | in a separ | ate household? | | | | |
| | ■ N | | · | | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of Del | otor 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | Com | | 45 | □ No |
| | dependents | names. | | | Son | | | ■ Yes □ No |
| | | | | | Son | | 18 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | □ Yes □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses o | penses include f people other t d your depende | han \square | No Yes | | | | |
| exp | imate your ex | a date after the | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance i luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgag | e 4. | \$ | 0.00 |
| | If not include | ded in line 4: | | | | | | |
| | | | | | | 40 | ¢ | 70.00 |
| | | estate taxes erty, homeowner's | s. or renter | 's insurance | | 4a. 4b. | · | 70.00 110.00 |
| | • | • | | ipkeep expenses | | 4c. | * | 400.00 |
| | 4d. Home | owner's associa | tion or con | dominium dues | | 4d. | · | 0.00 |
| 5. | Additional ı | mortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 |

| | tor 1 | | William Smith | | | |
|-----|------------|---------------|--|---------------------|-------------------|------------------------------|
| Deb | tor 2 | Jennifer | Jean Smith | Case num | nber (if known) | |
| _ | 1 14:1:4: | | | | | |
| 6. | Utilit | | hoot natural goo | 6a. | \$ | 250.00 |
| | 6a. 6b. | | , heat, natural gas | 6b. | | 250.00 125.00 |
| | 6c. | | wer, garbage collection e, cell phone, Internet, satellite, and cable services | | | |
| | | • | | 6c. | * | 450.00 |
| 7 | 6d. | Other. Spe | | 6d. | · | 0.00 |
| 7. | | | ekeeping supplies children's education costs | 7. | · | 1,000.00 |
| 8. | - | | | 8. | · | 50.00 |
| 9. | | • | lry, and dry cleaning | 9. | · : | 264.00 |
| | | • | products and services | 10. | · : ——— | 100.00 |
| 11. | | | ntal expenses | 11. | > | 150.00 |
| 12. | | | Include gas, maintenance, bus or train fare. Far payments. | 12. | \$ | 809.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 200.00 |
| 14. | Char | itable cont | tributions and religious donations | 14. | \$ | 80.00 |
| 15. | Insur | rance. | • | | | |
| | Do no | ot include in | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insura | ance | 15a. | \$ | 0.00 |
| | 15b. | Health ins | surance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | 15c. | \$ | 295.00 |
| | 15d. | Other insu | urance. Specify: | 15d. | \$ | 0.00 |
| 16. | | | nclude taxes deducted from your pay or included in lines 4 or | | | |
| | Spec | | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | _ | _ |
| | | | ents for Vehicle 1 | 17a. | · | 425.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | | ecify: Boat Payment | 17c. | | 180.00 |
| | | Other. Spe | • | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not re your pay on line 5, Schedule I, Your Income (Official Form | | \$ | 0.00 |
| 19. | | | s you make to support others who do not live with you. | 1001). | \$ | 0.00 |
| | Spec | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 19. | · | |
| 20. | | , | erty expenses not included in lines 4 or 5 of this form or | | | |
| | | | s on other property | 20a. | | 0.00 |
| | 20b. | Real estat | te taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, I | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenan | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeown | ner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | | 21. | +\$ | 0.00 |
| | | | | | | |
| 22. | | • | monthly expenses | | | |
| | | | through 21. | | \$ | 4,958.00 |
| | 22b. | Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| | 22c. | Add line 22a | a and 22b. The result is your monthly expenses. | | \$ | 4,958.00 |
| 23. | Calc | ulate vour i | monthly net income. | | | |
| | | • | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,074.95 |
| | | | r monthly expenses from line 22c above. | 23b. | -\$ | 4,958.00 |
| | | 1,,, | , , | | | ., |
| | 23c. | | our monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | 116.95 |
| ٠. | _ | | | | | |
| 24. | | | an increase or decrease in your expenses within the year | | | one or degrade because of a |
| | | | ou expect to finish paying for your car loan within the year or do you e terms of your mortgage? | xpect your mortgage | payment to increa | ase of decrease decause of a |
| | ■ No | | torms of your mortgage. | | | |
| | | | Evoloin horo: | | | |
| | □ Ye | es. | Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|-------------------------------------|--|---------------------------|-----------------|------------------------------|--|
| Debtor 1 | Michael William S | Smith | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Jennifer Jean Sm | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | F MICHIGAN | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Fori Declara t | | ın Individual | Debtor's | s Schedules | 12/15 |
| obtaining mone years, or both. 1 | | n connection with a bank | | | atement, concealing property, or 000, or imprisonment for up to 20 |
| | | one who is NOT an attori | ney to help you | fill out bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sumi | mary and sched | ules filed with this declara | tion and |
| X /s/ Mic | chael William Smith | | X /s/ . | Jennifer Jean Smith | |
| Micha | el William Smith | | Jen | nifer Jean Smith | |
| Signatu | re of Debtor 1 | | Sigr | nature of Debtor 2 | |
| Date | March 11, 2019 | | Date | March 11, 2019 | |

| E | II in this inform | nation to identify you | r casa: | | | |
|-----------|------------------------------|---|---|---|------------------------------------|--|
| | ebtor 1 | Michael William | | | | |
| | | First Name | Middle Name | Last Name | | |
| 1 | ebtor 2 pouse if, filing) | Jennifer Jean S | mith Middle Name | Last Name | | |
| ` ' | | | | | | |
| U | nited States Ba | nkruptcy Court for the: | WESTERN DISTRICT (| OF MICHIGAN | | |
| | ase number | | | | | ☐ Check if this is an amended filing |
| S | | of Financial | Affairs for Indiv | | | |
| inf nu | ormation. If m | nore space is needed, n). Answer every que | | o this form. On the top o | | ible for supplying correct es, write your name and case |
| 1. | What is you | r current marital statu | ıs? | | | |
| | ■ Married □ Not mai | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | n where you live now? | | |
| | □ No | | | | | |
| | | st all of the places you | lived in the last 3 years. Do | not include where you live | e now. | |
| | Debtor 1 Pr | rior Address: | Dates Debtor lived there | 1 Debtor 2 Pri | or Address: | Dates Debtor 2 lived there |
| | 49675 Toto Soldotna, | | From-To: ?-2017 | ■ Same as De | ebtor 1 | Same as Debtor 1 From-To: |
| | 49675 Rex Soldotna, | | From-To: ?-2016 | ■ Same as De | ebtor 1 | Same as Debtor 1 From-To: |
| 3. sta | | | ver live with a spouse or le difornia, Idaho, Louisiana, N | | | e or territory? (Community property ngton and Wisconsin.) |
| | No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sci | hedule H: Your Codebtors (| Official Form 106H). | | |
| Pa | art 2 Explai | in the Sources of You | ır Income | | | |
| 4. | Fill in the tota | al amount of income yo | mployment or from operation received from all jobs and have income that you recei | I all businesses, including | part-time activities. | evious calendar years? |
| | □ No | | | | | |
| | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions a exclusions) | Sources of ind Check all that a | |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Debtor 2 | | hael Will nifer Jea | iam Smith n Smith | | | Cas | e number (if known) | | |
|----------------------|---------------|---|--|--|---|---|---|---------------------------------|---|
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | (befo | ss income ore deductions and usions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | 1 of curre led for bar | nt year until ikruptcy: | ■ Wages, commissio bonuses, tips | ns, | \$6,819.18 | ■ Wages, com bonuses, tips | missions, | \$8,397.50 |
| | | | | ☐ Operating a busine | SS | | ☐ Operating a | business | |
| For last (January | | lar year: December | 31, 2018) | ■ Wages, commissio bonuses, tips | ns, | \$30,792.00 | ■ Wages, com bonuses, tips | missions, | \$16,393.00 |
| | | | | ☐ Operating a busine | SS | | ☐ Operating a | business | |
| List e | each s | | he gross inco | e and you have income me from each source se Debtor 1 | eparately. Do | not include income | that you listed in lin | e 4. | |
| | | | | Sources of income Describe below. | each (befo | ss income from source pre deductions and usions) | Sources of incomposition Describe below. | | Gross income (before deductions and exclusions) |
| For last (January | | lar year: December | 31, 2018) | Unemployment | | \$5,516.00 | | | |
| Part 3: 6. Are € | either No. | Debtor 1's Neither Deindividual During the No. Yes * Subject | or Debtor 2' ebtor 1 nor Debtor 1 nor Debtor 1 nor Debtor 2 nor Debtor 2 or De | ach creditor to whom your ditor. Do not include participation on 4/01/19 and every 3 or both have primarily or eyou filed for bankrupt | sumer debts? consumer de sehold purpo cy, did you pa ou paid a total syments for do for this bank years after the | bts. Consumer debise." ay any creditor a total of \$6,425* or more omestic support oblique truptcy case. at for cases filed on bts. | al of \$6,425* or mor in one or more pay gations, such as ch or after the date o | e? ments and thild support a | ne total amount you nd alimony. Also, do |
| | | □ Yes | List below e | ach creditor to whom you ments for domestic supports this bankruptcy case. | | | | | |
| Cre | ditor's | Name and | d Address | Dates of p | ayment | Total amount paid | Amount you still owe | Was this p | payment for |
| | | | | | | para | | | |

| | tor 1 | Jennifer Jean Smith | | Cas | e number (if known) | | | |
|------|-------------------------|---|---|--|--|---------------------------------------|---|--|
| , | <i>Inside</i> of whi | n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners; relatives of any gen control, or owner of 20% o | eral partners; partners r more of their voting | erships of which yo g securities; and a | ou are a general p ny managing age | partner; corporation ent, including one fo | |
| | | No Yes. List all payments to an insider. | | | | | | |
| | | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | is payment | |
| | inside | n 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos | | | | ccount of a deb | t that benefited an | |
| | _ | No | | | | | | |
| | | Yes. List all payments to an insider | Dates of payment | Total amount paid | Amount you still owe | Reason for th | | |
| Part | 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | |
| | modifi □ N ■ Y | Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | n suits, paternity a | | · | |
| | | e title e number | Nature of the case | Court or agency | | Status of the | case | |
| | Arm and | yn J. Armstrong and Todd G. Istrong vs. Michael W. Smith Jennifer J. Smith -18-00927 | | District Court of 125 Trading Ba Suite 100 Kenai, AK 9961 | y Drive | ☐ Pending ☐ On appeal ☐ Concluded | | |
| | | n 1 year before you filed for bankrupt k all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? | |
| | | No. Go to line 11. Yes. Fill in the information below. | | | | | | |
| | Cred | litor Name and Address | Describe the Property | | Date | | Value of the property | |
| | | | Explain what happened | I | | | | |
| i | accou ■ 1 | n 90 days before you filed for bankrup unts or refuse to make a payment bed No Yes. Fill in the details. | | luding a bank or fir | nancial institution | , set off any am | ounts from your | |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount | |
| | court | n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | e for the benefi | t of creditors, a | |
| | | Yes | | | | | | |

| | otor 1 otor 2 | Michael William Smith Jennifer Jean Smith | | Case number | (if known) | |
|-----|-----------------------|---|--------|--|-----------------------------------|---------------------------|
| Par | t 5: | List Certain Gifts and Contribution | s | | | |
| 13. | I | n 2 years before you filed for bankro No Yes. Fill in the details for each gift. | uptcy, | did you give any gifts with a total value of more | than \$600 per person? | , |
| | Gifts per p | with a total value of more than \$60 person on to Whom You Gave the Gift and | 0 | Describe the gifts | Dates you gave the gifts | Value |
| 14. | Within | | | did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? |
| | Gifts more Char | or contributions to charities that te than \$600 ity's Name ress (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | |
| 15. | or ga | n 1 year before you filed for bankru mbling? No Yes. Fill in the details. | ptcy o | r since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster |
| | Desc | cribe the property you lost and the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: | List Certain Payments or Transfers | 5 | | | |
| 16. | Includ | ulted about seeking bankruptcy or p | prepar | did you or anyone else acting on your behalf pay ing a bankruptcy petition? ers, or credit counseling agencies for services require | | ty to anyone you |
| | Addr Emai | on Who Was Paid ress il or website address on Who Made the Payment, if Not Y | ou' | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | 808 | Office of Viau & Chapekis Ludington St anaba, MI 49829 | | | | \$2,000.00 |
| 17. | prom | | ditors | did you or anyone else acting on your behalf pay or to make payments to your creditors? sted on line 16. | or transfer any propei | ty to anyone who |
| | _ | No | | | | |
| | | Yes. Fill in the details. on Who Was Paid ress | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

Debtor 1 Michael William Smith
Debtor 2 Jennifer Jean Smith

Case number (if known)

| 18. | tran Inclu | hin 2 years before you filed for bankrup isferred in the ordinary course of your bude both outright transfers and transfers mude gifts and transfers that you have alread No Yes, Fill in the details. | ousin ade a | ess or financial af as security (such as | fairs? the granting of a | | | | | | |
|---|---|---|----------------|---|-----------------------------|-------------|---|------|---|--|--|
| | _ | rson Who Received Transfer | | Description and | value of | Dose | eribo any proporty or | П | ate transfer was | | |
| | | dress | | Description and property transfe | | paym | cribe any property or nents received or debts in exchange | | ade transfer was | | |
| | Pei | rson's relationship to you | | | | | | | | | |
| 19. | | hin 10 years before you filed for bankrupeficiary? (These are often called asset-properties) No Yes. Fill in the details. | | | any property to a | self-settle | ed trust or similar device | of v | vhich you are a | | |
| | _ | me of trust | | Description and | value of the pro | norty tran | eferred | П | ate Transfer was | | |
| | IVa | me or trust | | Description and | value of the pro | perty train | isierieu | | nade | | |
| Par | t 8: | List of Certain Financial Accounts, In | ctrur | monte Safo Donos | cit Boyos and St | orago Un | ite | | | | |
| Гап | ιο. | List of Certain Financial Accounts, in | Strui | nents, Sale Depos | sit boxes, and st | orage on | ii.5 | | | | |
| 20. | solo | hin 1 year before you filed for bankrupto d, moved, or transferred? | • | • | | | | | | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | | |
| | Ad | Name of Financial Institution and | | Type of account number instrument | | unt or | unt or Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | e the contents | | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | | e the contents | | Do you still have it? | | |
| Par | t 9: | Identify Property You Hold or Control | l for S | Someone Else | | | | | | | |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, for someone. | | | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | | Where is the property? (Number, Street, City, State and ZIP Code) | | Describe | e the property | | Value | | |
| Par | t 10: | Give Details About Environmental Inf | orma | ition | | | | | | | |
| For | the p | — ourpose of Part 10, the following definiti | ions | apply: | | | | | | | |
| | Env | rironmental law means any federal, state | e. or l | local statute or red | gulation concern | nina pollu | tion, contamination, releas | ses | of hazardous or | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Michael William Smith Debtor 1 Debtor 2 Jennifer Jean Smith

Case number (if known)

| | | c substances, wastes, or material into ilations controlling the cleanup of thes | | | wat | er, or other medium, including st | atutes or | | | |
|-----|--|--|-------|--|-----|---|--------------------|--|--|--|
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, | | | | | | | | | |
| | hazardous material, pollutant, contaminant, or similar term. | | | | | | | | | |
| Rep | ort a | II notices, releases, and proceedings th | hat y | ou know about, regardless of when | the | ey occurred. | | | | |
| 24. | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | I | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | e you notified any governmental unit o | of an | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | I | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | | se Title se Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | | |
| Par | t 11: | Give Details About Your Business or | r Co | nnections to Any Business | | | | | | |
| 27. | With | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | |
| | | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing ex | хесι | utive of a corporation | | | | | | |
| | | ☐ An owner of at least 5% of the votil | ng o | r equity securities of a corporation | | | | | | |
| | | No. None of the above applies. Go to | Par | t 12. | | | | | | |
| | | Yes. Check all that apply above and fi | II in | the details below for each business. | | | | | | |
| | Add | siness Name dress | D | escribe the nature of the business | | Employer Identification number Do not include Social Security number or ITIN. | | | | |
| | (Number, Street, City, State and ZIP Code) | | N | Name of accountant or bookkeeper | | Dates business existed | | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | |
| | Name Date Issued Address (Number Street City, State and ZIP Code) | | | | | | | | | |

Part 12: Sign Below

| Debtor 1 Mich | nael William Smith | | | |
|------------------|--|------------|---|-----------------------------------|
| Debtor 2 Jeni | nifer Jean Smith | | Case number (if known) | |
| with a bankrupt | rect. I understand that making a false stateme cy case can result in fines up to \$250,000, or i , 1341, 1519, and 3571. | | | r property by fraud in connection |
| /s/ Michael Wi | illiam Smith /s/ | Jenr | nifer Jean Smith | |
| Michael Willia | m Smith Jer | nife | er Jean Smith | |
| Signature of De | ebtor 1 Sig | natui | re of Debtor 2 | |
| Date March | 11, 2019 Dat | e _ | March 11, 2019 | |
| Did you attach a | dditional pages to Your Statement of Financi | al Af | fairs for Individuals Filing for Bankruptcy (| Official Form 107)? |
| No | | | | |
| ☐ Yes | | | | |
| Did you pay or a | gree to pay someone who is not an attorney | o he | elp you fill out bankruptcy forms? | |
| No | | | | |
| ☐ Yes. Name of | Person Attach the Bankruptcy Petition F | repa' | rer's Notice, Declaration, and Signature (Offic | ial Form 119). |

| | action to identify your case. | | |
|------------------------------------|---|--|--------------------------------------|
| Debtor 1 | Michael William Smith First Name Middle Name | Last Name | |
| Debtor 2 | Jennifer Jean Smith | | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: WESTERN DIST | RICT OF MICHIGAN | |
| Case number | | | ☐ Check if this is an amended filing |
| | | | |
| Official For | | side ala Filipa Haday Chanta | 7 |
| Statemen | it of intention for indi- | viduals Filing Under Chapte | f / 12/15 |
| | vidual filing under chapter 7, you must fi | Il out this form if: | |
| creditors have | claims secured by your property, or | | |
| You must file this | ver is earlier, unless the court extends th | not expired. Tyou file your bankruptcy petition or by the date set be time for cause. You must also send copies to the | |
| | ople are filing together in a joint case, bo | oth are equally responsible for supplying correct in | formation. Both debtors must |
| J | | | |
| • | ind accurate as possible. If more space i our name and case number (if known). | s needed, attach a separate sheet to this form. On t | ne top of any additional pages, |
| | , | | |
| Part 1: List Yo | ur Creditors Who Have Secured Claims | | |
| | | D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| information be Identify the cre | low. ditor and the property that is collateral | What do you intend to do with the property that | Did you claim the property |
| | | secures a debt? | as exempt on Schedule C? |
| Creditor's Al | lpena-Alcona Area Credit | ☐ Surrender the property. | ■ No |
| name: | • | Retain the property and redeem it. | — 140 |
| Description of | 1993 Sportcraft Fishermans | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | Boat - No Transmission | ☐ Retain the property and [explain]: | _ |
| | | | |
| Creditor's Al | pena-Alcona Area Credit | Surrender the property. | □ No |
| name: | | ☐ Retain the property and redeem it. | - v |
| Description of | 2005 Ford F150 | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | Scrap Value | Retain the property and [explain]: | |
| securing debt: | | | _ |
| Creditor's Ce | entral Savings Bank | ☐ Surrender the property. | ■ No |
| name: | | Retain the property and redeem it. | - INO |
| Description of | 2006 Toyota Tacoma | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | | ☐ Retain the property and [explain]: | |

Official Form 108

| Debtor 1 Debtor 2 | Michael William Smith Jennifer Jean Smith | | Case number (if known) | |
|---------------------------------------|--|---------------------------------------|--|---------------------------------|
| securin | ng debt: | | | _ |
| or any ui | List Your Unexpired Personal Property Lease nexpired personal property lease that you liste ormation below. Do not list real estate leases. I assume an unexpired personal property lease | ed in Schedule G: Unexpired leases | are leases that are still in effect; the | lease period has not yet ended. |
| Describe | your unexpired personal property leases | | | Will the lease be assumed? |
| Lessor's r Descriptic Property: | name: on of leased | | | □ No □ Yes |
| _essor's r Descriptic Property: | name: on of leased | | | □ No |
| Lessor's r Descriptic Property: | name: on of leased | | | □ No □ Yes |
| _essor's r Descriptic Property: | name: on of leased | | | □ No □ Yes |
| _essor's r Descriptio Property: | name: on of leased | | | □ No □ Yes |
| _essor's r Descriptic Property: | name: on of leased | | | □ No □ Yes |
| _essor's r Descriptic Property: | name: on of leased | | | □ No |
| | Sign Below nalty of perjury, I declare that I have indicated | my intention abou | ut any property of my estate that see | |
| roperty t X /s/ N | hat is subject to an unexpired lease. Michael William Smith hael William Smith | | /s/ Jennifer Jean Smith | |
| | ature of Debtor 1 | | Signature of Debtor 2 | |

Date

Date

March 11, 2019

March 11, 2019

| Fill in this info | ormation to identify your case: | | | | | irected | in this form and | l in Form |
|---|---|--|--------------------------------------|----------------------|--------------------|-----------------------|---|-----------------------------------|
| Debtor 1 | Michael William Smith | | 122 | 2A-1Su | pp: | | | |
| Debtor 2 (Spouse, if filing) | Jennifer Jean Smith | | ' | ■ 1. TI | nere is no pres | umptior | n of abuse | |
| ' ' ' | s Bankruptcy Court for the: Western District of | Michigan | ' | | | | mine if a presur nder <i>Chapter 7</i> | mption of abuse Means Test |
| Case numbe | r | | | C | Calculation (Offi | icial Fo | rm 122A-2). | |
| (if known) | | | | | | | ot apply now be e but it could ap | |
| | | | | ☐ Che | eck if this is a | n ame | nded filing | |
| Official | Form 122A - 1 | | | | | | | |
| Chapte | r 7 Statement of Your Cur | rent Mor | nthly Inc | omo | 9 | | | 12/1 |
| attach a separa case number (qualifying mili | e and accurate as possible. If two married people a ate sheet to this form. Include the line number to w if known). If you believe that you are exempted fro tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income | hich the additior n a presumption | nal information a of abuse becau | pplies. se you | On the top of ar | ny addit narily co | ional pages, wri | te your name and or because of |
| 1. What is | s your marital and filing status? Check one or | ly. | | | | | | |
| ☐ Not | married. Fill out Column A, lines 2-11. | | | | | | | |
| ■ Marı | ried and your spouse is filing with you. Fill ou | t both Columns | A and B, lines | 2-11. | | | | |
| ☐ Marı | ried and your spouse is NOT filing with you. | You and your s | pouse are: | | | | | |
| □Li | ving in the same household and are not lega | lly separated. | Fill out both Co | lumns / | A and B, lines 2 | 2-11. | | |
| р | ving separately or are legally separated. Fill of enalty of perjury that you and your spouse are leving apart for reasons that do not include evadir | egally separated | l under nonban | kruptcy | law that applie | es or th | | |
| 101(10A). F the 6 month | overage monthly income that you received from all for example, if you are filing on September 15, the 6-m is, add the income for all 6 months and divide the total on the same rental property, put the income from that p | onth period would by 6. Fill in the res | be March 1 throusult. Do not include | ugh Aug de any ir | ust 31. If the amo | ount of your | our monthly incon once. For examp | ne varied during ble, if both |
| | | | | Colum | | Debt | mn B or 2 or filing spouse | |
| | ross wages, salary, tips, bonuses, overtime, deductions). | and commission | ons (before all | \$ | 2,727.67 | \$ | 3,359.00 | |
| | y and maintenance payments. Do not include B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| of you of from an and roo | ounts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3. | Include regular , your depender | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 | |
| | ome from operating a business, profession, | | | | | | | |
| | | | tor 1 | | | | | |
| | eceipts (before all deductions) | \$ <u>0.00</u> -\$ 0.00 | | | | | | |
| | y and necessary operating expenses nthly income from a business, profession, or far | · — | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| | ome from rental and other real property | ПФ | оор, г | – | | | | |
| J. 1101 1110 | and and other road property | Deb | tor 1 | | | | | |
| Gross re | eceipts (before all deductions) | \$0.00 | | | | | | |
| Ordinar | y and necessary operating expenses | -\$ 0.00 | | | | | | |
| Net mor | nthly income from rental or other real property | \$0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| 7. Interes | t, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

Michael William Smith Debtor 1 Jennifer Jean Smith Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,727.67 \$ 3,359.00 \$ 6,086.67 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 6,086.67 Multiply by 12 (the number of months in a year) x 12 73,040.04 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 90,531.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Michael William Smith X /s/ Jennifer Jean Smith Michael William Smith Jennifer Jean Smith Signature of Debtor 1 Signature of Debtor 2 Date March 11, 2019 Date March 11, 2019 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7 : | Liquidation |
|----------|------------|--------------------|
| \$ | 245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| 9 | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Case:19-90053-jtg Doc #:1 Filed: 03/18/19 Page 56 of 64

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

08/12

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

| In re: | | Case No. | | | | | |
|---|---|--|--|---|--|--|--|
| Michael Will Jennifer Je | | Chapter 7 | | | | | |
| Debto | | | | | | | |
| | | / | | | | | |
| | ASSET | PROTECTION REPORT | | | | | |
| case converting to Cha referenced on Schedu Contracts and Unexpire | apter 7 must file D (Creditors ed Leases); and | 7-2(d), debtors filing a Che an Asset Protection For Holding Secured Clain any insurable asset the following information | Report. List below ns); or Schedule in which there is | any property G (Executory s nonexempt | | | |
| INSURABLE ASSET (from schedules) | IS ASSET INSURED? (Yes/No) | NAME & ADDRESS OF AGENT OR INSURANCE CO. | POLICY EXPIRATION DATE (MM/YYYY) | WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No) | | | |
| 1118 Sheridan Rd Escanaba, MI 49829 Delta County | Yes | | | Yes | | | |
| 2008 Ford Edge | Yes | Garceau Insurance Agency 823 Ludington Street Escanaba, MI 49829 | 6/29/19 | Yes | | | |
| 2005 Ford F150 | No | n/a | n/a | No | | | |
| 2006 Toyota Tacoma | Yes | Garceau Insurance Agency 823 Ludington Street Escanaba, MI 49829 | 6/29/19 | Yes | | | |
| If the debtor is self-employed, does the debtor have general liability insurance for business activities? Yes No No I I declare, under penalty of perjury, that the above information is true and accurate to the best of my knowledge. I intend to provide insurance protection for any exemptible interests in real or personal property of the estate, and I request that the trustee not expend estate funds to procure insurance coverage for my exemptible assets. | | | | | | | |
| Dated: March 11, 2019 | | /s/ Michael W Sr | | ichael William Smith Debtor | | | |
| Dated: March 11, 2019 | | /s/ Jennifer J Sm | | Jennifer Jean Smith Joint Debtor (if any) | | | |

08/12

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors

United States Bankruptcy Court Western District of Michigan

| In re | Jennifer Jean Smith | | Case No. | |
|--------|---------------------------------|---|-------------------|---------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | RIFICATION OF CREDITOR N | MATRIX | |
| Γhe ab | ove-named Debtors hereby verify | that the attached list of creditors is true and con | rrect to the best | of their knowledge. |
| Date: | March 11, 2019 | /s/ Michael William Smith | | |
| | | Michael William Smith | | |
| | | Signature of Debtor | | |
| Date: | March 11, 2019 | /s/ Jennifer Jean Smith | | |
| | | Jennifer Jean Smith | | |

Signature of Debtor

Michael William Smith

AFNI, INC PO BOX 3427 BLOOMINGTON IL 61702

ALASKA DEPARTMENT OF REVENUE 550 W 7TH AVE SUITE 310 ANCHORAGE AK 99501-6699

ALPENA-ALCONA AREA CREDIT PO BOX 515 ALPENA MI 49707

ALPENA-ALCONA AREA CREDIT PO BOX 515 ALPENA MI 49707

BLUEGREEN VACATIONS CORP 4960 CONFERENCE WAY N BOCA RATON FL 33431

CADILLAC ACCOUNTS REC 851 N MITCHELL ST CADILLAC MI 49601

CAINE & WEINER 5805 SEPULVEDA BLVD 4TH FL SHERMAN OAKS CA 91411

CBM COLLECTIONS 300 RODD ST STE 202 MIDLAND MI 48640

CENTRAL SAVINGS BANK 511 BINGHAM PO BOX 339 SAULT SAINTE MARIE MI 49783-2101

CONVERGENT HEALTHCARE RECOV 121 NE JEFFERSON ST STE 100 PEORIA IL 61602 CORNERSTONE CREDIT SERVICES PO BOX 92090 ANCHORAGE AK 99509-2090

CREDIT SERVICES OF MI 1982 HEMMETER RD SAGINAW MI 48638

CREDIT-CHECK
315 NORTH FRONT STREET
MARQUETTE MI 49855

DEPT OF EDUCATION / NELNET 121 S 13TH ST LINCOLN NE 68508

DIVERSIFIED CONSULTANTS 10550 DEERWOOD PARK BLVD #309 JACKSONVILLE FL 32256

EQUIFAX CONSUMER ASSISTANCE PO BOX 740256 ATLANTA GA 30374

EXPERIAN CONSUMER ASSISTANCE PO BOX 9701 ALLEN TX 75013

FINANCIAL RECOVERY SERVICES 4510 W 77TH ST #200 EDINA MN 55435

JEFFERSON CAPITAL SYSTEM 16 MCLELAND RD SAINT CLOUD MN 56303

JOBEN ENTERPRISES PO BOX 1246 SAN RAMON CA 94583

MICHIGAN DEPT. OF TREASURY THIRD PARTY WITHHOLDING UNIT PO BOX 30785 LANSING MI 48909 NEIL WRINKLER MD 340 QUINCY ST HANCOCK MI 49930

NORTHERN SERVICE BUREAU 111 N 9TH ST ESCANABA MI 49829

ORAL SURGERY SPECIALISTS 8155 EXECUTIVE CT STE 10 LANSING MI 48917

OSF MEDICAL GROUP PO BOX 91011 CHICAGO IL 60680

PORTFOLIO RECOVERY 120 CORPORATE BLVD SUITE 100 NORFOLK VA 23502

PROFESSIONAL CREDIT SERVICES 400 INTERNATIONAL WAY SPRINGFIELD OR 97477

RECEIVABLES PERFORMANCE MGMT. PO BOX 1548
LYNNWOOD WA 98046-1548

SECURITY CREDIT SERVICES 2653 W OXFORD LOOP OXFORD MS 38655

STUART LIPPMAN & ASSOCIATES 5447 E 5TH ST STE 110 TUCSON AZ 85711

TFC CREDIT CORP PO BOX 579 SAN RAMON CA 94583

TODD & TARYN ARMSTRONG PO BOX 97 KIMBERLING CITY MO 65686

TOYOTA MOTOR CREDIT CORP PO BOX 9786 CEDAR RAPIDS IA 52409

TRANS UNION LLC #2 BALDWIN PLACE PO BOX 1000 CHESTER PA 19022